	-	Substitute for Form PTO-675 Effective December 8, 2004											Application of Doctor Number			
		APP	LICAT	TION A	SFILED	- PAI	RTI							2.70	\ <u>\</u>) k
	FOR	NUMBER FILED			7	(Column 2) NUMBER EXTRA N/A N/A		RATE (L)		LENTIT	YTITY		OTHER THU SMALL ENTI		? THAN ENTITY	
	BASIC FEE	NA								17/			RATE (S)			
	SEARCH FEE (37 CFR 1 16(N. (c	NA			-			N	NA		150.00				300,00	
I	EXAMINATION FEE (37 CFR 1 16(4), (p), or (q))		NA						- N	. N/A		\$250		NIA	NIA	
I	TOTAL CLAIMS (37 OFR 1 16(1)	OTAL CLAIMS								N/A		\$100		NIA		\$200
Ī	INDEPENDENT	minus 3 a If the specification and dra sheets of paper, the applia is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			·	ncation size fee due nlity) for each action thereof. See d 37 CFR 1 16/41		X\$ 25		<u> </u>	X\$50					
ľ					drawin			X100	•		\neg	1	X200	7	<u> </u>	
_	APPLICATION SE FEE D7. OFR 1 16(4))				Plication entity) traction nd 37 (1		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(1))							7	+180			\dashv	}	+360*	4	·
•	If the difference in column 1 is less than zero, enter "O" in						m 2.		IATOT	7		\dashv	L		-	
	APPLICATION AS AMENDED - PART II						11		7017	L				TOTAL	L	
, . -	(Column 1) (Column 1) (Column 1)					umn 2)		.	SMA	LL EN	NTITY	c	XR.	OTHE SMAL	RTH	AN.
A FAR	Total	AF	TER DMENT	Minu	PREVK PAID	BER DUSLY FOR	PRESENT EXTRA		RATE (\$)	- 1	ADDI- TIONAL FEE (S)		1	RATE (\$)		ADOI-
AMENDMENT	Independent DI CFR 1.18(II)	1	+_	Minus	14	4		1 H	X\$ 25 X100			OR	X	\$50 _		FEE (D)
								×100	+		OR	X	X200 _		\subseteq	
-	FIRST PRESENT	R 1.16(0)		+180=	1		1	1	360=	-	\rightarrow					
		·		OTAL DO'L FEE	L	·	OR OR	70	TAL D'L FEE	- ($\overline{}$					
		CLAIR REMAIN AFTE AMENON	AS IENG · R		(Colum HIGHE NUMBE PREVIOU PAID FO	ST ER ISLY	(Column 3) PRESENT EXTRA	Γ	RATE (5)		ADDI- ONAL		_	ATE (S)	A	DOI-
	profe 1.16(III	•		Minus	**		-	1	** 00		E (3)	. 1	_		TKC FE	E (B)
I	adependent arcra staniji			Minus	***		-	_	\$ 25			OR	XS	50 .		
1	Application Size Fee (37 CFR 1.16(s))							1	100.			OR .	X20	0		
L	FIRST PRESENTAT	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)							180=							
			, ,						TAL .		-	OR .		50=		
•	If the entry in colds	mrifiska	is then f	he entr	la salum. A		•	ADI	FEE		. 1	OR -	TOTA ADD'L			

If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

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It the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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The "Highest Number Previously Paid For" IN THIS SPACE is less than 2 SETIO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, studing pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments if the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent d Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS INCRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.